

ANDOVER HEALTH DEPARTMENT
CATERING REGISTRATION APPLICATION

Name of Caterer _____

Address of Caterer _____

Licensed Business Facility _____
Street City/Town Zip

Catering Permit Number _____ Tel. # of caterer () _____

Supervisor for caterer _____

Location (street address) of _____
Facility, building or hall where _____
Meal will be served _____

Date of function _____ Estimated # of meals to be serviced _____

Function sponsor _____

**MAIL COPY OF PROPOSED MENU, CATERER'S LICENSE AND THIS FORM
(NO FEE REQUIRED) TO:**

**Andover Health Department
Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8295**

Signature of applicant caterer _____

Title _____ Date _____

**FORM MUST BE RECEIVED BY THE ANDOVER HEALTH DEPARTMENT OFFICE NO
LATER THAN SEVEN (7) DAYS PRIOR TO FUNCTION**

Authority: M.G.L. Chapter 111, Section 5; Chapter 94, Section 305A 105 CMR 595.021

DO NOT WRITE BELOW THIS LINE – FOR ANDOVER HEALTH DEPARTMENT USE ONLY

Date received _____ Reviewer _____